



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code			SC	Dent. SHR	A	Contract Number		
County Department SHERIFF					Dept. SHR	Orgn. SHR	Contractor's License No.		
County Department Contract Representative ROD HOOPS, CAPTAIN					Telephone 387-0640		Total Contract Amount		
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input checked="" type="checkbox"/> Other: Application for Reimbursement									
If not encumbered or revenue contract type, provide reason: _____									
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Project Name SCAAP Reimb Application FY01/02 costs				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D

CONTRACTOR U.S. Department of Justice, Bureau of Justice Assistance

Federal ID No. or Social Security No. \_\_\_\_\_

Contractor's Representative \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Nature of Contract: *(Briefly describe the general terms of the contract)*

Attached is a copy of the application information for the State Criminal Alien Assistance Program (SCAAP). This application is for the reimbursement of FY01/02 cost of incarcerating illegal aliens. The information is filed electronically. No hard copy is submitted.

Application No. 2003-F0961-CA-AP

THIS IS NOT A CONTRACT  
THIS IS A COVER  
TRANSMITTAL ONLY

*(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)*

Approved as to Legal Form (sign in blue ink) ▶	Reviewed as to Contract Compliance ▶	Presented to BOS for Signature ▶
---	---	-------------------------------------

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

County Counsel, by Kevin L. Norris, Deputy

Date

Date

Department Head

Date

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By